

**Medicaid Outpatient Drugs Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

NORTH CAROLINA

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

All products that contain expectorants or cough suppressants: expectorant/antitussive combination, antihistamine/decongestant/antitussive combination, antihistamine/decongestant/expectorant combination, antihistamine/decongestant/expectorant/antitussive combination, antihistamine/expectorant combination, antihistamine/antitussive, antitussive/decongestant/analgesic/expectorant and antitussive/decongestant/analgesic

Prescription vitamins and mineral products

All

Nonprescription drugs (Over-the-Counter)

Some

Non-sedating antihistamines – Loratadine OTC and Claritin OTC, proton pump inhibitors – Prilosec OTC.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

NORTH CAROLINA – Excluded Drug Coverage (continued)

Smoking Cessation (except dual eligibles as Part D will cover)

Some

Prescription Only Agents

Over the Counter: Nicoderm CQ, Nicotrol, Commit and Nicorette Gum.

STATE WEBSITE

<http://www.dhhs.state.nc.us/dma>